

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER EX: #48		APR 18 2022 INSTRUCTIONS Complete items number 1-3. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To (Name and Title of Officer) DEATH SUPERINTENDENT MR. TROMPIS (PRC)	2. Date 4-12-22	4. Counselor's Name Cook	5. Unit Manager's Name RIDDLE
3. By (Print Inmate Name and Number) JABRI MALDONADO # HS-6238 an m # HS-6238 (Inmate Signature)	7. Housing Assignment L-A-#1003		
A. Work Assignment			
B. Subject State your request completely but briefly. Give details.			
<p>I HAVE TO PROTECT MY MENTAL HEALTH. LONG TERM SOLITARY CONFINEMENT, THIS TRANSFER TO STIGMU, ETC. HAS CAUSED ME SERIOUS PSYCHOLOGICAL HARM TO RECENTLY BEING PLACED ON PSYCHO-MEDIC MEDICATION AND PLACED ON THE MENTAL HEALTH ROSTER. I HAVE BEEN EXTREMELY DEPRESSED DUE TO CONTINUED PUNISHING SEPARATION PUNISHMENT WITHOUT RECEIVING MISCONDUCTS AND BEING STRIPPED OF ADMINISTRATIVE PRIVILEGES. SUCHAL THOUGHTS HAVE CLOSED MY MIND. THE RESTAURATION I AM EXPERIENCING FOR EXERCISING MY CONSTITUTIONAL RIGHT TO (SUMAN) SUENT PETITION THE COURTS THROUGH BARRANCE AND APPEALS IS CAUSING ME TO MENTALLY DEGRADATE. I CANNOT PARTICIPATE IN THE SO-CALLED STIGMU PROGRAM THAT DOESN'T OFFER ANY PROGRAMMING. THIS STIGMU IS STRICTLY DESIGNED FOR PUNITIVE PURPOSES. (A) AC STATUS A PRISONER CAN BE APPROVED FOR HIS TV IN SIX MONTHS; IN THIS STIGMU A PRISONER RECEIVES HIS T.V. IN EIGHT MONTHS. AN EXAMPLE OF THE PUNISHMENTS IN THE STIGMU I HAVE 15 YRS INCARCERATION THIS JUNE 2022 AND SPENT TWELVE (12) YRS IN SOLITARY CONFINEMENT. IN TOTAL, I REQUEST A COMPLETE PSYCHIATRIC EVALUATION BECAUSE I MAY BE UNDER-CLASSIFIED AND MY FAMILY AND MOTHER WILL HOLD YOU AND ALL RESPONSIBLE FOR ANY HARM I EXPERIENCE STOP PUNISHING ME WITH SOLITARY CONFINEMENT TRANSFER ME OUT OF SET-HALETTE STIGMU IMMEDIATELY.</p> <p style="text-align: right;">CC: FILE</p>			
<p>I Am Sending this to you Unit Team, including the Assign Psych Staff for their review You are concerns are noted but Remember you are responsible for your Action.</p>			
To DC-14 GAR only <input type="checkbox"/>		To DC-14 GAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME

Trompis
Print

Signature

DATE 4/14/22

CC: L'ont myr
L'ont Psych

7.21, Counseling Services Procedures Manual - Section 3, Request Slips

Attachment 3A